Rowley Hall Hospital and Beacon Park Hospital

Exclusion Criteria

General

- No children under 18 years old
- Procedures under general anaesthetic airway management grades where the physical status of the referred NHS patient is not ASA1, ASA2 or Stable ASA3 and received an anaesthetic review
- BMI over 45/200kg (anaesthetic review over 30)
- If blood pressure systolic over 180 and diastolic over 110 (they need 6 week monitoring by GP)
- No patients known suxamethonium allergy
- Perioperative factors: No level 2/3 post op care
- No bedbound/severe poor mobility patients OT unavailable at Rowley
- Patients requiring treatment for cancer should be referred directly on to the appropriate cancer pathway
- Treatments as specified in the commissioners policy on excluded and restricted procedures e.g. facet joint injections, Trigger point injections, Intradiscal therapy and Prolotherapy will not be funded for non-specific low back pain (please note this list is not exhaustive and the provider should refer to the most up-to-date ERP policy on the ICB website)
- · Diagnostic arthroscopy will not be routinely funded (see ICB ERP policy for further detail)
- · Routine lumbar spine X-Ray or MRI will not be funded for non-specific low back pain
- · Patients with an unstable mental condition
- Patients being detained by His Majesty's Prison Service where security issues are deemed not to be appropriate

Cardiovascular Patients

- · Patients with implanted internal defibrillator local anaesthetic only
- No patients who have had an MI within 6 months or unstable angina since MI
- No patients who have had VTE/DVT/PE within 3 months
- No symptomatic heart failure NYHA class 4 (severe limitations/experiencing symptoms at rest/bedbound patients)
- No patients who have had a coronary angioplasty/stenting/CABG procedure within 6 months and ongoing symptoms
- Discussion with anaesthetist include: AF over 100 (dysrhythmia), peripheral vascular disease and aortic aneurysm

Respiratory

- No Chest infection within 3 months
- No asthma patients who have needed ITU within 3 months (if hospitalised for more than 3 months but not ITU discussion with anaesthetist needed)
- COPD: No patients that have been hospitalised within 3 months or requiring oxygen therapy at home or SOB at rest
- · Patient with sleep apnoea need a stop bang assessment if scores more than 6 needs referral to GP
- Discussion with anaesthetist if patients have pulmonary fibrosis or bronchiectasis



Neurological

- No epileptic patients who have had a seizure within 3 months
- TIA/CVA patients: anaesthetic r/v if less than 12 months (CVA procedure dependent)

Metabolic

- Diabetes type 1 and type 2: no patients with history or predicted severe post-operative nausea and vomiting or likely to require continuous variable rate insulin infusion
- (HBA1C more than 69/8 mmol and insulin dependent needs anaesthetic review)
- · No patients with known cirrhosis or severe alcoholic cirrhosis that is uncontrolled
- No patients that are dialysis dependent (if CKD stage 3 or above for anaesthetic r/v)
- No patients that have had a heart transplant or liver transplant (if renal transplant will need anaesthetic r/v)

Haematological

• Platelets: patients known diagnosis of antiphospholipid Antibody Syndrome requires consultant haematologist opinion/newly diagnosed/unstable blood results should be managed by haematologist

Airway

- · No patients requiring awake intubation/Grade 4
- No patients with tracheostomy or laryngectomy

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